FORM 117

The Commonwealth of Massachusetts
Department of Industrial Accidents -- Department 117
600 Washington Street – 7th Floor, Boston, Massachusetts 02111
Info. Line 800-323-3249 ext. 470 in Mass. Outside Mass. – 617-727-4900 ext. 470
http://www.state.ma.us/dia

DIA Board # (If Known): 26642-11

AGREEMENT FOR REDEEMING LIABILITY BY LUMP SUM UNDER G.L. CH. 152 FOR INJURIES OCCURRING ON OR AFTER NOV. 1, 1986

Please Print or Type

EMPLOYEE	Liliana Medina	LUMP SUM AMOUNT	$ 15,000.00
EMPLOYER	Trustees of Philips Academy	TOTAL DEDUCTIONS	$ 2,266.50
INSURER	NEEIA Compensation, Inc.	NET TO CLAIMANT	$ 12,733.50
BOARD NUMBER	26642-11	TOTAL PAYMENTS	$ 15,000.00 (Weekly benefits plus lump sum)
DATE OF INJURY	9/30/2011		

CHECK WHERE APPLICABLE

( ) Liability has been established by acceptance or by standing decision of the Board, the Reviewing Board, or a court of the Commonwealth and this settlement shall not redeem liability for the payment of medical benefits and vocational rehabilitation with respect to such injury.

(X) Liability has NOT been established by standing decision of the Board, the Reviewing Board, or a court of the Commonwealth and this settlement shall redeem liability for the payment of medical benefits and vocational rehabilitation benefits with respect to such injury.

( ) In addition to the lump-sum, the insurer agrees to pay all outstanding reasonable and related medical bills incurred as of this date.

( ) The employee is currently receiving a cost-of-living adjustment.

DEDUCTIONS: From the lump-sum amount as stated above, the amount(s) listed below will be deducted and paid directly to the following parties:

		NAME	ADDRESS
1.	$ 2,250.00 Attorney's Fee	D'Angelo & Hashem LLC	401 Andover St., Ste. 202, N. Andover, MA 01845
2.	$ 16.50 Attorney's Expenses	D'Angelo & Hashem, LLC (Please attach documentation)	401 Andover St., Ste. 202, N. Andover, MA 01845
3.	$ Liens	(Please attach discharges)	
4.	$ Inchoate Rights	(Please specify release)	
5.	$		
6.	$		
7.	$		

DEPARTMENT OF INDUSTRIAL ACCIDENTS
DIVISION OF DISPUTE RESOLUTION
APPROVED
MAY 10 2012
by
Administrative Judge
In Accordance with MASS. G.L.c.152

(OVER)

Form 117 -- Revised 8/2001 – Reproduce as needed.

AGREEMENT FOR REDEEMING LIABILITY BY LUMP SUM SETTLEMENT *(Page 2 of 2)*

EMPLOYEE MEDICAL INFORMATION:

Age 47 No. of Dependents 2 Average Weekly Wage $ 883.60 Compensation Rate $ 530.16

Social Security No.*: [redacted] Occupation Gift Receiver Educational Background some college

On Social Security: YES( ) NO(x)

On Public Employee Disability Retirement: YES( ) NO(x)

DIAGNOSIS anxiety, stress PRESENT MEDICAL CONDITION Fair

Present Work Capacity: Disabled Third Party Action None

PLEASE GIVE A BRIEF HISTORY OF THE CASE AND INDICATE WHY THE SETTLEMENT IS IN THE EMPLOYEE'S BEST INTEREST (Specify all allocations):

Ms. Medina alleges she participated in a meeting with her supervisor and coworkers on September 30, 2011, wherein one coworker allegedly made threats against her. Following this meeting, she presented to Exeter Hospital with headaches. She was treated initially by her primary care physician, Dr. Michael Romanowsky, and was referred for psychological counseling to Sylvia Von Sacken, LICSW. Ms. von Sacken diagnosed EE with post-traumatic stress and anxiety, with a major depressive episode. EE has not returned to work. It is mutually agreed by the parties, including EE, Employer/Self-Insurer, that this settlement closes out any potential claims, including those under Sec. 28 and section 36 the EE may have. Liability has not been accepted. Self-Insurer shall pay the following amounts: $ 15,000 to EE, D'Angelo & Hashem, LLC, which includes settlement and Attorney Wolman's claims for legal services and expenses per 452 CMR 1.02. The proposed settlement is a compromise representing potential future § 34 or 35 benefits without the risk of the Self-Insurer prevailing in its opposition. An appropriate Sciarotta Allocation has been made. The proposed settlement represents payment of benefits over employee's life expectancy of 37.6 years in the weekly amount of $ 7.67. Given the EE's age, education, and work history, it is rational to prorate the net settlement proceeds over her life expectancy, and the compromise is reasonable. This agreement shall take effect upon approval by the U.S. Bankruptcy Court for the District of New Hampshire, in the matter of In re: Woodrow M. & Liliana Medina, 1:12-bk-10166.

(Please attach a separate sheet if necessary.)

Received of NEEIA Compensation, Inc. the Lump Sum of fifteen thousand dollars and Zero cents ($ 15,000.00)

This payment is received in redemption of the liability of all weekly payments now or in the future due me under the Workers' Compensation Act, for all injuries received by Liliana Medina on or about 9/30/2011 while in the employ of Trustees of Philips Academy. I fully understand that after all of the deductions herein I will receive $ 12,733.50. I am fully satisfied with and request approval of this settlement. This agreement has been translated for me into my native language of n/a.

	SIGNATURE	ADDRESS	ZIP CODE
CLAIMANT:	Liliana Medina	87 Hickory Road Hampstead, NH	03841
CLAIMANT'S COUNSEL:		401 Andover St., Ste. 202 N. Andover, MA	01845
INSURER'S COUNSEL:		1383 Main St., Ste. 203 Springfield, MA	01103

Signed this 24th day of April 2012.

*Disclosure of Social Security Number is Voluntary. It will aid in the processing of this document.

HealthPort
P.O. Box 409740
Atlanta, Georgia 30384-9740
Fed Tax ID 58 - 2659941
(770) 754 - 6000

HealthPort. INVOICE

Invoice #: 0104668437
Date: 2/9/2012
Customer #: 1560966

Ship to:	Bill to:	Records from:
JAY M WOLMAN DANGELO AND HASHEM 401 ANDOVER ST STE 202 NORTH ANDOVER, MA 01845	JAY M WOLMAN DANGELO AND HASHEM 401 ANDOVER ST STE 202 NORTH ANDOVER, MA 01845	EXETER HOSPITAL FIVE ALUMNI DRIVE EXETER, NH 03833

Requested By: DANGELO AND HASHEM DOB: 032165
Patient Name: MEDINA LILIANA

Description	Quantity	Unit Price	Amount
Basic Fee			15.00
Retrieval Fee			0.00
Per Page Copy (Paper) 1	17	0.00	0.00
Shipping			1.50
Subtotal			16.50
Sales Tax			0.00
Invoice Total			16.50
Balance Due			16.50

Pay your invoice online at www.HealthPortPay.com

Terms: Net 30 days

Please remit this amount : $ 16.50 (USD)

HealthPort
P.O. Box 409740
Atlanta, Georgia 30384-9740
Fed Tax ID 58 - 2659941
(770) 754 - 6000

Invoice #: 0104668437

Check # _____

Payment Amount $_____

Please return stub with payment.

Please include invoice number on check.
To pay invoice online, please go to www.HealthPortPay.com or call (770) 754 6000.
Email questions to Collections@healthport.com.

FORM 116C

The Commonwealth of Massachusetts
Department of Industrial Accidents – Department 116C
600 Washington Street – 7th Floor, Boston, Massachusetts 02111
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DIA Board # (If Known): 26642-11

LIEN DISCLOSURE FORM
TO BE COMPLETED BY THE EMPLOYEE

I, Liliana Medina
(Print Name)

hereby certify that, to the best of my knowledge, there are no outstanding liens or claims for reimbursement out of the proceeds of my workers' compensation settlement by the Department of Transitional Assistance, Department of Revenue Child Support Enforcement Unit, Veterans Services, prior counsel, or any medical, dental, hospital or disability income provider. My workers' compensation DIA Board number(s) is (are): 26642-11

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY.

Liliana Medina
Signature of Employee

87 Hickory Road
Hampstead, NH 03841
Address of Employee

[redacted]
Social Security Number

5/10/12
Date

*Disclosure of Social Security Number is voluntary. It will assist in the processing of this document.

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PSC (800) 51-TURBO